Evolving Acute Capgra’s syndrome with psychotic mania and remission with standard olanzapine and valproate acid treatment. Case report

1. M. Vasileiadou ¹, 1. G. Thomaidis MSc ¹, 2. A. Simitsi ^{1,2}, 2. C. Krasanaki ^{1,2}, 1. A. Vlachaki ¹.

1. Papanikolaou General Hospital, Department of Psychiatry, Thessaloniki, Greece., 2. Aristotle University, School of Psychology, Thessaloniki, Greece.
MV and GT are the first authors of the poster. MV collected and assessed clinical data as the patients training physician. GT proposed, wrote and controlled the case report presentation and research methodology, reassessed the clinical information and reviewed the literature. as specialist and researcher. AS and CK have collected clinical information and taken part equally at the clinical psychological assessment. AV is director at (1) had the clinical supervision of the case and provided therapeutic advise.
Copyright © 2019 Georgios Thomaidis, Maria Vasileiadou

Objectives:

Display the effectiveness of antipsychotic treatment, for the remission of Capgras Syndrome (CS) symptomatology and subsequent patient social network restoration.

Background:

CS is an impressive, rare misidentification syndrome, associated with various neurological and psychiatric disorders, bipolar disorder being one of the rarest underlying diagnoses (3%). Misidentification of persons from the patient's environment, can result to catastrophic events with a major impact on the social network of the patients and the persons closest to them and also on the legal status of the patient who may become physically aggressive and even homicidal against the perceived “enemies”. Rapid improvement is thus of paramount importance, in order to avoid or attenuate the delusion’s expansion and encystment. Duration varies from a few days to ten years. CS can be treated as part of the main underlying psychopathology, with success at ~2/3 of cases, and may improve dramatically after antipsychotic treatment, in contrast to its explosive manifestation. Olanzapine is the 2nd most commonly used therapeutic agents, with Risperidone being in very close range the 1st and haloperidol the 3rd.

Materials and Methods

A 40-year old patient with history of well-defined Type 2 Bipolar Disorder (BD) and accompanying psychotic symptoms, including a first-time appearing Capgra’s delusion, was transferred as an emergency at the Psychiatric Department. Initial main symptoms included the delusionary idea that the patient’s wife was replaced by an imposter, who acted as an enemy, trying to divest the patient’s business, accompanied by relevant persecutory and irrelevant religious delusions, dysphoric mania and functional impairment. There were no actions of violence or extreme agitation, during transfer to hospital by the police. The patient had interrupted his treatment for bipolar disorder during a period of normal and stabilized mood. Delusional thoughts expanded and included patient’s children, at the 3rd day of hospitalization (~1/3 of recorded cases).

Treatment Decision Process

Treatment with Valproate 1000mg and Olanzapine 15 mg/day was initiated from the 1st day of hospitalization. Main outcome was the remission of psychotic symptoms, control of mania and mood stabilization.

Neuroimaging, EEG, CT

Misidentification of patient’s wife as an imposter, tends to be connected to organic causes (although co-existing delusions are connected more to psychiatric causes): Brain CT scan was performed 10 days after hospitalization, with the scope of detecting an organic basis of the delusion. No pathological findings were recorded. EEG and laboratory exams were normal.

Course

All psychotic symptoms diminished 1 week after treatment. Patient could not recall the psychotic symptoms and attributed any behavioral alteration to previous treatment complications. Functioning was restored to the patient’s normal, which is above average (patient is a highly successful professional).

Conclusions

The patient’s full functional recovery combined with all delusions extinction, support the idea of the two stage model formation, connecting person identification with reasoning functions The relation of delusion expansion with the probability of a more violent behavior due to collapse of the patient’s social network, could be a target for future research.

Olanzapine can be a very effective treatment for CS in BD. CS, at least in some cases may traverse on an impressive trajectory, from a thundering onset to an equally dramatic extinction. Those manifestations of the disease should not discourage the clinician and family of the patient, but motivate them for a rapid intervention and treatment initiation or modification.

Syndrome Features	Most Common	Case report
Cause	Non Organic (~55%)	Non- organic
Ilius	Spouse, Parent, Child	Spouse, Children (both)
Sex	Male	Male
Underlying Diagnosis	Schizophrenia	Bipolar Disorder (3%) (*)
Main Features	Affective, Delusions, Aggression	Delusions, Aggression
Homicidal intention	Exists (>4%)	Not detected
Duration (before treatment)	~	1 week
Duration (total)	Days – 10 years	Resolved in 3 weeks
Treatment of choice	Risperidone, Olanzapine, Haloperidol	Olanzapine
Time to resolve	~	2 weeks
Recovery	65% of cases	Full recovery – No memories of CS (*)

REFERENCES: Karakasi, M. V., Markopoulou, M., Alexandri, M., Douzenis, A., & Pavlidis, P. (2019). In fear of the most loved ones. A comprehensive review on Capgras misidentification phenomenon and case report involving attempted murder under Capgras syndrome in a relapse of a schizophrenia spectrum disorder. Journal of Forensic and Legal Medicine, 66, 8–24.
Pandis, C., Agrawal, N., & Poole, N. (2019). Capgras' Delusion: A Systematic Review of 255 Published Cases. Psychopathology, 1–13.
Currell, E. A., Werbeloff, N., Hayes, J. F., & Bell, V. (2019). Cognitive neuropsychiatric analysis of an additional large Capgras delusion case series. Cognitive neuropsychiatry, 24(2), 123–134.
The Masks of Identities: Who's Who? Delusional Misidentification Syndromes. Carolina A. Klein, Soniya Hirachan. Journal of the American Academy of Psychiatry and the Law Online Sep 2014, 42 (3) 369-378;